Date Rec'd:	Civil Service #:
Rev: 101508	City of Chicopee



CITY OF CHICOPEE, MASSACHUSETTS APPLICATION FOR EMPLOYMENT

The City of Chicopee considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. For more information, contact Human Resources.

Jo	b Application:							
Da	Date of Application: Date Submitted:							
Ро	sition(s) Applied For	:						
Re	ferral Source:							
	The Republican		www.Chicopeema.gov		Bulletin Board		Relative	
	Online job search		Friend		Other newspaper		Other	
Ge	neral Information:							
Na	me:							
	First		Last		Middle Initial		Suffix	
Ad	dress:							
		Stree	et Name & Number		Apt. #			
	Town/City		State			Zip C	Code	
Но	me Phone:		Cell P	hone	:			
En	nail:							
Are	e you a US citizen?				□ Y	es	□ No	
If employed and under 18, can you furnish a work permit?					□ Y	es	□ No	

Ha	ve you filed an appli	catio	on in the past?				Y	es		l No
lf y	es, when?			-						
На	ve you ever been en	of Chicopee?			Y	es		l No		
If y	ves, when?			-						
Are	e you employed now				Y	es		l No		
Ma	ay we contact your pr	ese	nt employer?				Y	es		l No
Αv	ailability:									
l w	rill be available to be	gin v	vork on:							
	Full time			Part time			Te	empo	rary	
	Days			Nights			W	eeke	nds	
Co	mputer Skills:									
Ch	eck off computer ski	lls w	ith which you are	e proficient (a	any	version):				
	PC User		Macintosh Use	r		MS Word			MS E	xcel
	MS Access		MS PowerPoin	t		MS Outlook			E-mai	I
	Web Page Design		Corel Products			CAD Programs	3		Adobe	e Suite
	Other									
Ot	her Skills:									
Ple	ease indicate below a	any s	special skills, tra	ining or licen	ses	that you posses	s:			
Dr	iver's License:									
Do	you have a valid dri				Ye	es		l No		

Do you have a valid commercial license?			Yes		No
Driver's License Number:	State of Issue:				
Have you had any motor vehicle accidents during the pas	st three years?		Yes		No
Have you had any moving violations during the past three	e years?		Yes		No
Do you have any other specialized motor licenses?			Yes		No
If yes, what?					
Military:					
Are you a veteran of the United States military services			Yes		No
If yes, what branch:	Date Discharge	ed:			
Honorable discharge?			Yes		No
Please list and describe any special skills or training acqu	uired while in the	e se	rvice:		
Criminal/Sealed records Notice					
Applicant may answer "no" with respect to a first conviction minor traffic violations, affray, disturbance of the peace, of where the later of the date of such conviction, or complete resulting there from, occurred 5 or more years prior to the or request for information, unless the person has been commediately preceding the date of application or informat conviction records on file with the Commission of Probatic	or any conviction of any perion of any perion of the appondicted of any control on request. Applicant of any control of any co	n of d of olica offer oplic	a misdem incarceration for er assembly within and misse within ants havir	eanor tion nployn 5 year ig seal	s ed
Within the past 5 years, have you been convicted of a mis	sdemeanor?		Yes		No
If yes, please explain:					
Within the past 5 years, have you been convicted of a fel-	ony?		Yes		No

Education:				
☐ High School	□ College	□ Other		
Degree:			State:	
School Name:				
Course of Study:			Years Completed:	
☐ High School	□ College	□ Other		
Degree:			State:	
School Name:				
Course of Study:			Years Completed:	
☐ High School	□ College	□ Other		
Degree:			State:	
School Name:				
Course of Study:			Years Completed:	
☐ High School	□ College	□ Other		
Degree:			State:	
School Name:				
Course of Study:			Years Completed:	
Please specify any a	additional training,	education or other co	ompleted courses or classes:	

Work History:

List your most recent experience first. Include military service assignments and any verifiable work performed on a volunteer basis. If you do not want us to contact your present employer, please enter "Do Not Contact" in the Contact space provided.

Employer:		
Address:		
•	Street Name & Number	
Town/City	State	Zip Code
Contact:	Phone:	
Email:		
Job Title:		
Work Performed:		
Reason for leaving:	Salary/Rate:	
Start Date:	End Date:	
Employer:		
Address:		
•	Street Name & Number	
Town/City	State	Zip Code
Contact:	Phone:	
Email:		
Job Title:		
Work Performed:		
Reason for leaving:	Salary/Rate:	-
Start Date:	End Date:	

Employer: Address: Street Name & Number Town/City State Zip Code Contact: Phone: Email: Job Title: Work Performed: Reason for leaving: Salary/Rate: Start Date: End Date: References: Name: Address: Street Name & Number State Town/City Zip Code Phone: Email: Relationship: Name: Address: Street Name & Number State Town/City Zip Code Phone: Email: Relationship:

Work History Continued:

Refere	ences Continued:		
Name:	:		
Addres	ss.		
7100100		eet Name & Number	
	Town/City	State	Zip Code
Phone	:	Email:	
Relatio	onship:		
Applic	cant's Statement:		
Α.	Applicants for seasonal/temporary which exempt the City from paying seasonal employees who work sea less. Please refer to the attached jemployment related to the position	unemployment co asonal positions in tob description to v	mpensation benefits to those duration of sixteen (16) weeks or erify the expected length of
B.	Your signature below verifies that I truthful information as requested or falsification or intentional omission	have provided the this employment	City of Chicopee with complete and application. I understand that any
C.	grounds for immediate discharge. I authorize the City of Chicopee to background and references. I authorize the City of Chicopees (unless oth the City of Chicopee. I further release all liability, which may arise due to be employers for which I have authorize	orize persons liste erwise noted) to pr ase the City of Chic an employment his	d as professional references and rovide information concerning me to copee and its agents from any and story inquiry to any of my previous
D.	The City of Chicopee recognizes m requirements. Unless otherwise stremployed on an "at-will" basis. Conchange the terms or conditions of e without notice and without cause. I employment on any other terms un collective bargaining agreement or	nany different union ated on the attache nsequently, the Cit employment, includ No one has the aut less specific in writ	a agreements and Civil Service ed job description, all persons are y of Chicopee has the right to ling discharging an employee thority to offer or grant any persons ting by employment contract,
I have	read and accept the above Applicant	t's Statement:	
Signature		Print Name	

ALL APPLICATIONS SHOULD BE RETURNED TO:

Date

HUMAN RESOURCES – CITY OF CHICOPEE 274 FRONT STREET – CHICOPEE, MA 01013 PHONE: (413) 594-1510 FAX: (413) 594-1513 **NOTICE:** This data is for periodic government reporting and will be kept in a confidential file separate from your application of employment. These questions are completely OPTIONAL and will in no way influence your employment application.

Application Data Record (OPTIONAL):							
Se	x:		□ Male		☐ Female		
Ra	ce/Ethnicity:						
	White (non-Hispanic)		African American		Hispanic		
	Asian/Pacific Islander		Alaskan/American Indian		Other		